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Clinical Psychology

Licensed Psychologist/PY 8553

Welcome!

I welcome you to my practice of clinical psychology and thank you for choosing me as the provider of your professional services. I anticipate good things from our time together and appreciate the opportunity to serve as your psychologist. Before we start, there are some things you need to know. I'll keep it as short as possible. This information is required by law and by sound clinical practice. It is designed to be helpful and to protect you.

Agreement and Informed Consent for Psychotherapeutic Treatment

What is "Psychotherapy"?

*An opportunity to find healing through
grieving and mourning life's losses.*

This agreement contains important information about my professional services and business policies. It is important that you read them carefully. If you have any questions about this information, please let me know so that I can clarify. Signing this agreement confirms our therapeutic relationship.

Risks, Benefits, and Goals of Psychotherapy or Counseling

Psychotherapy has both benefits and risks. You may become aware of disturbing information about yourself. Therapy can cause disappointing or unexpected outcomes. During therapy you may also experience emotional discomfort and changes in your relationships. While I do expect that you will benefit from my services, there is no guarantee that your life will improve—however you define that.

On the other hand, much empirical research shows that psychotherapy can have many benefits, including better self-awareness, increased satisfaction in relationships, solutions for specific stressors, and reductions in emotional distress. To be effective, psychotherapy requires an investment of time and energy, both during and between sessions. Our first session or two will serve as an initial evaluation of your concerns, history, and goals. By the end of this evaluation, I will provide you with my impressions of how we might work together. You should consider this information along with your own impressions and your comfort level with me, so that we can decide together whether or not I am the best person to help you. Therapy is a significant commitment, so you should select a therapist carefully.

If we agree to enter into a therapy relationship, we will typically schedule 50-minute sessions at your pace. During our work together, we will periodically review your goals and progress. Many approaches are available to address emotional challenges, and I will offer you options as they arise. If you are interested in hypnosis in particular, I have some orientation material available to help you learn and prepare. In general, I will also solicit your feedback as to how treatment is helping you. Remember, you always retain the right to request changes in treatment and decline any procedure offered. Your input is always welcome—after all, it's your money, time, and emotional energy being invested.

A brief note about legal proceedings

Psychotherapy is for the improvement of your mental, emotional, and behavioral functioning and is not intended to be used to advance a legal case. If you are involved in or anticipate becoming involved in any legal proceeding, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement with the legal system might affect your therapy. There is a charge for my professional time regarding legal services, as noted below. _____ (initial)

Office Policies and Business Practices

What is “Psychotherapy”?

An opportunity to gain clarity and direction for your life through sorting through your thoughts and feelings.

1. **Phone Contact & Emergencies:** You are welcome to leave me a message at any time on my confidential voice mail. I will attempt to return phone calls within 24 hours. In the case of an emergency: 1) dial **911**; or 2) call the **Hillsborough County Crisis Line (211)**; or 3) go to the **nearest hospital emergency room.**

_____ (initial)

2. **Billing & Fees:** Payments are due in full at the time of service unless we have agreed to other arrangements. Preferred forms of payment are cash or check and receive a 3.95% cash discount. Payment by debit, credit, HSA, or any other card will incur a service fee billed as a separate line item. Before we work together, my office will attempt to verify your insurance benefits, clarify any co-payments, or establish an agreed-up fee for service. In addition to my normal fees for an initial evaluation, psychological testing, or psychotherapy, please be aware of the following fees **not covered by insurance:**

- **Legal:** If you become involved in legal proceedings that require my participation, you must pay for my professional time, even if I am called to testify by another party. I charge \$180 per hour for preparation, travel, and attendance at any legal proceeding “door to door.”
- **Documentation/FMLA/Consultations:** Fees will be charged for other professional activities necessary for good clinical care or for professional services you request of me. These include time spent writing letters or reports on your behalf; telephone consultations initiated by you or family members, or with other professionals on your behalf, treatment summaries necessary for referrals, FMLA or insurance disability documentation. The cost for this time is \$180 per hour.

_____ (initial)

3. **Appointments/Cancellations/Lateness:** Appointments are important, as each appointment represents a time reserved specifically for you. ***Appointments cancelled with less than 24 business hours’ notice or “no-showed” incur fee of \$75.*** Insurance companies do not reimburse for missed appointments so you will be personally responsible for this fee. Some people had difficulties being on time for appointments. Self-paying clients will be responsible for the full session if late. Clients with insurance who are late create an ethical problem, because I cannot file a claim with the insurance company for professional therapy time I have not provided. At the same time, “life happens.” To try to balance these two, I’ve created a “window” of 10 minutes. This is within my ability to flex my schedule, give you the time being paid for on your behalf, and still allow for many minor delays. If you are more than 10 minutes late, you will be responsible for the above missed appointment fee.

_____ (initial)

4. **Health Insurance:** As with all healthcare providers, my professional relationship is with you, not with your insurance company. Thus, ***you remain responsible for your entire bill*** regardless of whether your insurance company honors your claim. In addition, experience has shown that ***insurance companies may be inconsistent*** in information provided by their customer service agents. ***No claim is final until paid.*** We file claims on your behalf and follow up as a professional courtesy to you and may, at our discretion, limit the amount of work-hours we spend trying to collect payment in problematic cases.

_____ (initial)

What is “Psychotherapy”?

An opportunity to learn about your personal and relational patterns in order to expand what satisfies you and change what frustrates you.

Limits of Confidentiality

“Confidentiality” is my obligation not to disclose any client information obtained during a professional relationship without your permission. Confidentiality is essential to trust, and trust is the foundation for psychotherapy. For this reason, the law protects confidential communications between a client and a

psychologist. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows me to disclose some of your confidential information, including Protected Health Information (PHI), for the purposes of treatment or payment, as long as I have your informed written consent. Beyond that, your information is never released to anyone without your written consent, ***except as required by law***. I will attempt to protect your confidentiality if I call you by phone. If we happen to meet outside of therapy (e.g. at Wal-Mart) I will not reveal our therapy relationship. Unless we arrange otherwise, I will not acknowledge you unless you acknowledge me first. This is to protect your privacy.

Please be aware that there are **legal exceptions** and/or **limits** to confidentiality and some situations in which I am permitted or even required to disclose information without your consent. For the specifics, please consult the *Notice of Privacy Policies* on my website or ask for a printed copy. In summary, these exceptions to confidentiality are as follows:

- ***Under certain legal circumstances***, including your making your mental health an issue in a legal proceeding;
- If there is sufficient reason to believe, in my clinical judgment, that there is immediate probability that ***you will harm yourself or another individual***; or if there is evidence that ***a child, elderly person, or disabled individual is being harmed***. _____ (initial)

Clinical Record

As a psychologist, I maintain confidentiality in creating, storing, accessing, transferring, and disposing of records. Your clinical record includes many items, including your diagnosis, the goals that we have set for treatment, your progress toward those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

In addition, my “psychotherapy progress notes” are summaries of the content of our conversations, my professional opinion of your mental status at that appointment, homework given, specific names which I need to keep important details clear in my mind, and conceptualizations or professional opinions. Because this is sensitive information, Florida Statute Title XXXII 456.057 (6) allows mental health practitioners to release a summary of psychotherapy in lieu of the actual notes. By submitting a request, I will prepare a summary of your record for you or someone you designate. There is an hourly charge for this service. In addition, psychological test data is often confusing to an untrained reader. For this reason, Florida statute requires me to release test data **ONLY** to another licensed psychologist. I strongly recommend that if you wish to review any aspects of your clinical record that you do so with me. This gives you an opportunity to ask questions and receive clarifications. These guidelines are designed to minimize potential confusion and distress to you.

What is “Psychotherapy”?

Any conversation between you and me that you find helpful.

All records are kept password protected and are retained for a minimum of seven years as required by Florida law. In the event of my withdrawal from practice, you will receive notice as to how to obtain your records. _____ (initial)

Minors & Parents

For minors under the age of 14 the consent of a parent or legal guardian is needed for treatment, and the law allows parents to examine their child’s clinical record. Because privacy in psychotherapy is crucial, with teenagers I will usually request that parents agree not to access the child’s records, with the understanding that I will provide them with general information about their child’s progress. I will also provide parents with either a verbal summary of their child’s treatment when it is complete, if requested. Any other disclosures will require the child’s permission, unless I feel that the child may be a danger to him/herself or to others, in which case I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the adolescent, if possible, and do my best to handle any objections he or she may have. _____ (initial)

Electronic Communications

I do not communicate with clients through social media or texting. I do not use email for therapeutic conversation but only for scheduling or administrative issues. If clients attempt to discuss therapeutic issues over email with me, I generally will not respond. When you email me you are emailing the office, and Debbie may respond on my account on my behalf for administrative issues. However, please be aware that email is not regarded as secure communication. _____ (initial)

Dr. Minter’s Qualifications

You should know something about the person who is treating you. I’m a Florida Licensed Psychologist (PY 8553). I trained in theology at Dallas Theological Seminary and worked as a pastor full-time for 21 years. I then trained at the Florida School of Professional Psychology, receiving my Psy.D. in 2011. I have about 5500 hours of supervised training in clinical psychology and over 10 years’ experience as an independent practitioner. With regard to hypnosis, I have trained with the Erickson Foundation and with the American Society for Clinical Hypnosis (ASCH), of which I am a member. This is an area of clinical interest to me, and I maintain a regular schedule of continuing education to keep me current in this particular field and well as psychotherapy in general.

If you’d like more detail on my background and training, visit my website at www.minterpsych.com, where you can see a copy of my curriculum vitae. You are always welcome to contact my references or discuss my training with me.

Ending Treatment

Length of psychotherapeutic treatment varies greatly depending on many factors. Some clients come in once; I also have clients that have met with me for years. Whether our time together is one session or many, it’s always better if we talk about ending as opposed to one day you simply disappear. Perhaps something has gone wrong in our relationship that we can address, or perhaps there is a way I can be more helpful to you. If you just stop showing up, we lose the opportunity to address the difficulties in treatment and/or celebrate your gains. Of course, you have the right to end treatment at any time, for any reason and you are in no way obligated to disclose your reason to me. However, you are encouraged to give notice prior to ending.

Sometimes I choose to end a client’s treatment and refer them to another provider for continued care. For example, I may feel that you may be better served by a specialist or someone more closely aligned with your particular value system, cultural or ethnic background, or world view. Other times business matters interfere

with a client’s therapy including 1) non-payment of fees; 2) frequent cancelled/missed appointments; 3) insurance problems we have been unable to resolve; 4) difficulties communicating with the office; or 5) other matters which interfere with my ability to conduct my practice. If I see a potential problem, I will attempt to resolve it before referring you to another provider. If you see a potential problem, please bring it to my attention. _____ (initial)



Meet a Very Special Somebody . . .

Most times the person on the other end of my office phone is Debbie. That is, Debbie Minter. In addition to being my wife and mother of my two children, she administers my practice. If you have questions about scheduling, insurance, copayments, she’s the person most able to find out the information you need. She also has a gift of encouragement and most of my clients enjoy interacting with her. You can reach her at the office phone (813-704-4592), and if you have to leave a message, she’ll get back to you as soon as possible. We strive to return all calls within 24 business hours.

What questions do you have regarding this agreement? Let’s talk about them!

Your Agreement and Consent to Psychotherapeutic Treatment

*Your signature below indicates that you have read, understood, and agreed to the terms of the **Treatment Agreement and Informed Consent for Treatment**, including the potential risks and benefits of treatment, the limits of confidentiality, and payment obligations. You may wish to make a copy for your records. You may also have access to it at any time from me or at www.minterpsych.com.*

You are also signifying, by your signature, that you have had the opportunity to ask questions, and that your questions have been answered to your satisfaction. You are always free to bring up any questions or concerns at any point in our professional relationship.

Client Name	Signature	Date

Client Name	Signature	Date

Parent/Guardian Name (if minor)	Signature	Date

Parent/Guardian Name (if minor)	Signature	Date